

# California Work Opportunity and Responsibility To Kids (CalWORKs) Report on Reasons For Discontinuances of Cash Grant

**Send one copy of this form to:**

California Department of Social Services  
Data Systems & Survey Design Bureau, MS 9-081  
P.O. Box 944243  
Sacramento, CA 94244-2430  
FAX: (916) 657-2074

|   |  |                              |                                 |
|---|--|------------------------------|---------------------------------|
| 1. County Name  |  | 2. County Code               | 3. Month/Year                   |
| <b>PART A. REASONS FOR DISCONTINUANCE OF CASH GRANT</b>   |  | <b>2 Parent Families (1)</b> | <b>Zero Parent Families (2)</b> |
| 1. Total Cases Discontinued (Same as Item 9, Form CA 237 CalWORKs) Sum of Items 2 through 12 below..... |  | 4                            | 5                               |
| 2. No longer eligible child.....  |  | 7                            | 8                               |
| 3. No longer deprived of support or care.....   |  | 10                           | 11                              |
| 4. Resources exceed limits.....   |  | 13                           | 14                              |
| 5. Income exceeds standards (Sum of 5a through 5e below).....   |  | 16                           | 17                              |
| a. Earnings increased.....  |  | 19                           | 20                              |
| b. Benefits or pensions increased.....  |  | 22                           | 23                              |
| c. Support from person inside home increased.....   |  | 25                           | 26                              |
| d. Support from person outside home increased.....  |  | 28                           | 29                              |
| e. Requirements reduced.....  |  | 31                           | 32                              |
| 6. Moved or cannot locate.....  |  | 34                           | 35                              |
| 7. Recipient initiative.....  |  | 37                           | 38                              |
| a. Number of cases discontinued due to CW 7 noncompliance.....  |  | 40                           | 41                              |
| 8. Excluded by law for reasons other than time limits and citizenship.....                              |  | 43                           | 44                              |
| 9. Discontinued due to expiration of CalWORKs 60-month time limits.....                                 |  | 46                           | 47                              |
| 10. Transferred to another county.....  |  | 49                           | 50                              |
| 11. Transferred to Kin-GAP Program.....   |  | 52                           | 53                              |
| 12. Transferred to Foster Care Program.....   |  | 54                           | 55                              |
| <b>PART B. DISCONTINUANCES DUE TO PROGRAM SEGMENT TRANSFERS</b>   |  |                              |                                 |
| 13. Total cases transferred to another program segment.....   |  | 56                           | 57                              |
| a. Number of cases transferring from 2 Parent to Zero Parent Families.....                              |  | 59                           | 60                              |
| b. Number of cases transferring from 2 Parent to All Other Families.....                                |  | 61                           | 62                              |
| c. Number of cases transferring from Zero Parent to 2 Parent Families.....                              |  | 63                           | 64                              |
| d. Number of cases transferring from Zero Parent to All Other Families.....                             |  | 65                           | 66                              |
| e. Number of cases transferring from All Other to 2 Parent Families.....                                |  | 67                           | 68                              |
| f. Number of cases transferring from All Other to Zero Parent Families.....                             |  | 69                           | 70                              |
| 14. Total cases transferred from another program segment.....   |  | 71                           | 72                              |
| <b>PART C. TO BE USED ONLY ON INSTRUCTIONS FROM THE CALIFORNIA DEPARTMENT OF SOCIAL SERVICES</b>        |  |                              |                                 |
| a.  |  | 73                           | 74                              |
| b.  |  | 75                           | 76                              |
| 74. Person to contact regarding this report:  |  | 75. Telephone ( )            | 76. Date                        |

# CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO KIDS (CalWORKs) REPORT ON REASONS FOR DISCONTINUANCES OF CASH GRANT (FORM CA 253 CalWORKs)

## CONTENT

This report provides monthly data on cash grant cases terminated from the CalWORKs program, classified by primary reason for discontinuing aid.

## PURPOSE

The purpose of this report is to comply with Federal reporting requirements and to assist the state in making budgetary and program policy decisions.

## DUE DATE

Reports are to be received in Sacramento on or before the 18<sup>th</sup> calendar day of the month following the report month. Counties send their reports to:

California Department of Social Services  
Data Systems and Survey Design Bureau, MS 9-081  
P.O. Box 944243  
Sacramento, CA 94244-2430  
FAX: (916) 657-2074

## GENERAL INSTRUCTIONS

Complete the information requested on the top and bottom of the report form, such as cells numbered 1). County Name, 2). County Code, 3). Report Month/Year, 74). Person to contact regarding this report, 75). Telephone, and 76). Date. Please enter data in each of the Items 1 through 14. If there is nothing to report on a line item or cell column, please insert a zero (0) in the applicable cell(s) of the reporting document. Do not leave a cell blank.

In those cases where more than one reason is applicable, the reason that is considered **most important** by the caseworker as having the greatest effect in the closing of the case will apply. Individual discontinuances are to be classified according to the reason for discontinuance included in the written notification to the recipient that the money payment is being discontinued.

For items 2 through 12, please collect the applicable reasons as indicated on the Discontinuance Reason List attached to these instructions. All Discontinuance Reasons are required data elements. Use the appropriate MEDS Reason Codes when listed. For those Reasons without a specified MEDS code, the tracking codes or mechanisms are at county discretion.

## PART A: REASONS FOR DISCONTINUANCE OF CASH GRANT

### ITEM INSTRUCTIONS

1. **Total Cases Discontinued:** Enter the total number of discontinuances. This item must equal the sum of Items 2 through 12 and must equal the monthly total of **Part B, Item 9, "Total cases discontinued during the month," on the CA 237 CalWORKs (10/99).**
2. **No longer eligible child:** Enter the number of discontinuances that occurred because there is no longer an eligible child in the home.
3. **No longer deprived of support or care:** Enter the number of discontinuances that occurred because the child is no longer deprived of parental care or support.

4. **Resources exceed limits:** Enter the number of discontinuances that occurred because the recipient family's resources and/or property now exceeds limits permitted for CalWORKs eligibility.
5. **Income exceeds standards:** Enter the sum of Items 5a through 5e below.
  - a. **Earnings increased:** Enter the number of discontinuances that occurred because of excessive income due to increased earnings.
  - b. **Benefits or pensions increased:** Enter the number of discontinuances that occurred because of excessive income due to increased benefits or pensions.
  - c. **Support from person inside home increased:** Enter the number of discontinuances that occurred because of excessive income due to increased support from person inside the home.
  - d. **Support from person outside home increased:** Enter the number of discontinuances that occurred because of excessive income due to increased support from person outside the home.
  - e. **Requirements reduced:** Enter the number of discontinuances that occurred because of excessive income due to a reduction in requirements.
6. **Moved or cannot locate:** Enter the number of discontinuances that occurred because the recipient moved or because the agency was unable to establish the whereabouts of the family or contact them for information essential to their continuation in the CalWORKs program.
7. **Recipient initiative:** Enter the number of discontinuances due to the recipient's initiative including voluntary withdrawal by the recipient family, refusal to comply with procedural requirements, etc.
  - a. **Number of cases discontinued due to CW 7 noncompliance:** Enter the number of discontinuances due to the recipients refusal to provide CW 7 related information. This number is a subset of discontinuances due to recipient initiative and should be included in the count for Item 7, Recipient initiative.
8. **Excluded by law for reasons other than time limits and citizenship:** Enter the number of discontinuances due to the recipient being excluded by law for reasons other than time limits and citizenship, such as, fleeing felons and drug felons, etc.
9. **Discontinued due to expiration of CalWORKs 60-month time limits:** Enter the number of discontinuances that were due to the recipient having exhausted his/her 60-month CalWORKs time limit.
10. **Transferred to another county:** Enter the number of discontinuances that resulted from the recipient transferring to another county.
11. **Transferred to Kin-GAP Program:** Enter the number of discontinuances that resulted because the recipient transferred to the Kin-GAP Program and the entire CalWORKs case was discontinued.
12. **Transferred to Foster Care segment:** Enter the number of discontinuances that resulted because the recipient transferred to Foster Care and the entire CalWORKs case was discontinued.

#### **PART B. DISCONTINUANCES DUE TO PROGRAM SEGMENT TRANSFERS**

Parent(s) in the two-parent caseload, who are sanctioned for failure to comply with CalWORKs work requirements, will remain in that caseload count and will NOT be transferred at any time, including the first three months of sanction, to either the Zero Parent or the All Other Families caseload. Parents who are sanctioned for failure to assign child support rights are transferred to either the Zero Parent or the All Other Families caseload.

13. **Total cases transferred TO another segment:** Enter where indicated the total of the following cells: (These items must equal the monthly totals of **Part B, Item 10, "Total cases deducted due to transfers to another program segment during the month," on the CA 237 CalWORKs (10/99).**

*Column (1), 2 Parent Families, cell 56 = the sum of cells 59 and 60*

*Column (2), Zero Parent Families, cell 57 = the sum of cells 61 and 62*

*Column (3), All Other Families, cell 58 = the sum of cells 63 and 64*

- a. **Number of cases transferring from 2 Parent to Zero Parent Families:** Enter in Column (2) the number of cases which left the 2 Parent segment and will be moved to the Zero Parent segment as of the beginning of the next month.
- b. **Number of cases transferring from 2 Parent to All Other Families:** Enter in Column (3) the number of cases which left the 2 Parent segment and will be moved to the All Other segment as of the beginning of the next month.
- c. **Number of cases transferring from Zero Parent to 2 Parent Families:** Enter in Column (1) the number of cases which left the Zero Parent segment and will be moved to the 2 Parent segment as of the beginning of the next month.
- d. **Number of cases transferring from Zero Parent to All Other Families:** Enter in Column (3) the number of cases which left the Zero Parent segment and will be moved to the All Other segment as of the beginning of the next month.
- e. **Number of cases transferring from All Other to 2 Parent Families:** Enter in Column (1) the number of cases which left the All Other segment and will be moved to the 2 Parent segment as of the beginning of the next month.
- f. **Number of cases transferring from All Other to Zero Parent Families:** Enter in Column (2) the number of cases which left the All Other segment and will be moved to the Zero Parent segment as of the beginning of the next month.

14. **Total cases transferred FROM another segment:** Enter where indicated the total of the following cells: (These items must equal the monthly totals of **Part B, Item 11, "Total cases added due to transfers from another program segment during the month," on the CA 237 CalWORKs (10/99).**

*Column (1), 2 Parent Families, cell 65 = the sum of cells 61 and 63*

*Column (2), Zero Parent Families, cell 66 = the sum of cells 59 and 64*

*Column (3), All Other Families, cell 67 = the sum of cells 60 and 62*

**NOTE:** The sum of Columns 1, 2, and 3 for Item 13 must equal the sum of Columns 1, 2, and 3 for Item 14.

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| <b>PART C. TO BE USED ONLY ON INSTRUCTIONS FROM THE CDSS</b> |
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## DISCONTINUANCE REASON LIST FOR CA 253 CalWORKs

**Counts of cases discontinued for all listed Reasons are required.** However, only the following ten MEDS codes will be consistent throughout the county systems: (See MEDS Quick Reference dated 3/29/99).

|   |  |
|---|--|
| 01 Discontinuance due to death                          | 38 Determined ineligible for Medi-Cal Only |
| 03 Discontinuance at recipient request (MEDS only)      | 44 Became a resident of public institution |
| 04 Failure to cooperate (Medi-Cal only)                 | 48 Loss of legal residence                 |
| 20 Termination from Medi-Cal (Allegation of disability) | 57 Transferred to SSI                      |
| 35 MEDS eligibility reported under another MEDS ID      | 98 Whereabouts unknown                     |

The additional codes, listed below, are available MEDS codes, but may not be uniformly utilized throughout county systems. Counties may assign codes for Reason items with an asterisk at their discretion.

### CA 253

Item #

#### 2 No longer eligible child

Code Reason for Discontinuance

- 1 Discontinuance due to death
- 46 Change in law or agency policy
- 47 No longer an eligible child in home
- 48 Loss of legal residence

#### 3 No longer deprived of support or care

Code Reason for Discontinuance

- 40 Parent no longer incapacitated
- 45 Parent returned to home or remarried

#### 4 Resources exceed limits

Code Reason for Discontinuance

- 33 Real Property
- 34 Personal Property, other than vehicle
- \* Vehicle

#### 5 Income exceeds standards

- a. Earnings increased  
Employment or increased earnings of persons in home

Code Reason for Discontinuance

- 5 Father
- 6 Mother
- 7 Child
- 8 Step-parent
- 9 Other person in home
- \* Increased earnings of non-aided family member

- b. Benefits or pensions increased  

| <u>Code</u> | <i>Reason for Discontinuance</i>             |
|-------------|--|
| 22          | OASDI  |
| 23          | Other federal program                        |
| 24          | Veterans Benefits                            |
| 27          | Unemployment or disability insurance benefit |
| 28          | Other state and local program                |
| 29          | Nongovernmental program                      |
| 32          | Other change in income                       |
- c. Support from person inside home increased  
Receipt of or increase in support as a result of:  

| <u>Code</u> | <i>Reason for Discontinuance</i> |
|-------------|----------------------------------|
| 17          | Absent parent's return           |
| 18          | Remarriage of parent             |
- d. Support from person outside home increased  
Receipt of or increase in support from person outside home  

| <u>Code</u> | <i>Reason for Discontinuance</i> |
|-------------|----------------------------------|
| 19          | Absent parent                    |
| 21          | Other person outside home        |
- e. Requirements reduced  
Change in need  

| <u>Code</u> | <i>Reason for Discontinuance</i>   |
|-------------|--|
| 36          | Change in state law or agency policy relating to determination of need                   |
| 37          | Decreased need   |
| 39          | Financial reasons (without a change in income or resources) not listed in Codes 36 or 37 |
| 99          | Other – Sent manual notice   |

## **6 Moved or cannot locate**

- | <u>Code</u> | <i>Reason for Discontinuance</i> |
|-------------|----------------------------------|
| 98          | Whereabouts unknown              |

## **7 Recipient initiative**

- | <u>Code</u> | <i>Reason for Discontinuance</i>   |
|-------------|--|
| 50          | Refused to comply with property utilization requirements                                 |
| 59          | Refused to comply with procedural requirements not listed elsewhere                      |
| 60          | Refused to provide CW 7 related information  |
| 61          | Refused to provide essential information (non-CW related)                                |
| 97          | Discontinued at Recipient's Request (not listed elsewhere in this section)               |
| *           | Requested to pursue education goal; thereby reserving TANF eligibility                   |
| *           | Wanted only transitional services  |
| *           | Moved out of country   |
| *           | Receipt of child support   |
| *           | Requested withdrawal; did not want to participate in CalWORKs Welfare-to-Work activities |
| *           | Wanted to reserve TANF eligibility for later use   |

## **8 Excluded by law for reasons other than time limits and citizenship**

- | <u>Code</u> | <i>Reason for Discontinuance</i> |
|-------------|----------------------------------|
| *           | Identified as fleeing felon      |
| *           | Identified as drug felon         |

**9 Discontinued due to expiration of CalWORKs 60-month time limits**

Code    *Reason for Discontinuance*

\*        Discontinued due to expiration of CalWORKs 60-month time limits

**10 Transferred to another county**

Code    *Reason for Discontinuance*

96       Transferred to another county

**11 Transferred to Kin-GAP Program**

Code    *Reason for Discontinuance*

\*        Transferred to Kin-GAP Program

**12 Transferred to Foster Care Program**

Code    *Reason for Discontinuance*

95       Transferred to Foster Care from 2 Parent, Zero Parent, or All Other Parent